

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-4168.M4**

**MDR Tracking Number: M4-03-5826-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-21-03.

**I. DISPUTE**

Whether there should be reimbursement for CPT code 97799CP.

**II. FINDINGS**

Date of service 4-18-02 was not considered because it was submitted untimely per rule 133.307.

The respondent denied reimbursement CPT code 97799-CP based upon “F – Reduction according to fee guideline. Charge exceeds the scheduled maximum allowance per the Medical Fee Guideline.”

**III. RATIONALE**

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-10-02 6-11-02 6-12-02 6-13-02 6-14-02	97799CP (8 hrs. per day X 5 days = 40 hrs.)	\$1400.00 8 hrs. = \$175.00/hr	\$481.00 each / 8 hrs = \$60.13/hr	F	DOP	Medicine GR (II)(G) Rule 133.307 (g)(3)(D)	The following redacted EOBs support requestor's position that they typically received higher payment for chronic pain management program:  Liberty Mutual = \$100.00/hr Argus = \$175.00 /hr Kemper - \$175.00/hr Corvel = \$115.00/hr Cambridge = \$140.00/hr  In addition, the respondent's representative, Argus, was inconsistent in amount paid requestor. Argus paid the requestor \$75.16/hr. for the program rendered in April, 2002.

							<p>The requestor supported program billed per MFG. Since a MAR does not exist for the program, the requestor must support position that amount billed was fair and reasonable. The requestor supported position that they typically bill \$175.00/hr and receive reimbursement from \$100.00/hr. to \$175.00/hr.</p> <p>A minimum reimbursement of \$100.00/hr has been accepted by the requestor as fair and reasonable reimbursement. Therefore, the requestor is entitled to additional reimbursement of \$100.00/hr. minus \$60.13/hr = \$39.87 X 40 hrs. = \$1594.80.</p>
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#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97799CP in the amount of **\$1594.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1594.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12<sup>th</sup> day of January 2005.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division